

**Work Order ID 139359**

November 25, 2015 11:54:05 AM

**\*139359\***

Page 1

Item ID: D4645-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: No Smoking & Fasten Belt Light  
Start Date: 11/25/2015 Start Qty: 8.00 **\*8\*** Cust Item ID:  
Required Date: 12/9/2015 Req'd Qty: 8.00 **\*8\*** Customer:  
Reference:

Approvals: Process Plan: SLA Date: 20151125 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D4645                          | A                        |                      |         |        |              |               |               |                  |                |

100

0.00

**\*100\***

Purchasing

Purchasing

Memo

Issue P/O: 30582

Purchase Part Number: IS5083-3

Supplier: BIRK AEROSYSTEM CORPORATION

Certificate of conformity is required

0.00

NOV 26 2015

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

8x SP16-01-13

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |

**Work Order ID 139359****\*139359\***

Page 2

Item ID: D4645-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: No Smoking &amp; Fasten Belt Light

Start Date: 11/25/2015 Start Qty: 8.00

**\*8\***

Cust Item ID:

Required Date: 12/9/2015 Req'd Qty: 8.00

**\*8\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 120                            | QC6- Inspect dimensions to drawing                 | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                    |                      |         |        |              |               |               |                  | DAS            |
| QC                             | Memo                                               | 0.00                 |         |        |              |               |               |                  | 38             |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  | 9-89           |
|                                |                                                    |                      |         |        |              |               |               |                  | JAN 13 2016    |
| 130                            | Identify as per dwg & Stock Location: <i>Still</i> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
|                                |                                                    |                      |         |        |              |               |               |                  | JAN 15 2016    |
| 140                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |
|                                |                                                    |                      |         |        |              |               |               |                  | JAN 15 2016    |

*ML5* JAN 15 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                     |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER :                |                          |                                   |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |

## Picklist Print

November 25, 2015 11:54:09 AM

Page 1

**Work Order ID:** 139359

**\*139359\***

**Parent Item:** D4645-1

**\*D4645-1\***

**Parent Item Name:** No Smoking & Fasten Belt Light

**Start Date:** 11/25/2015**Required Date:** 12/9/2015

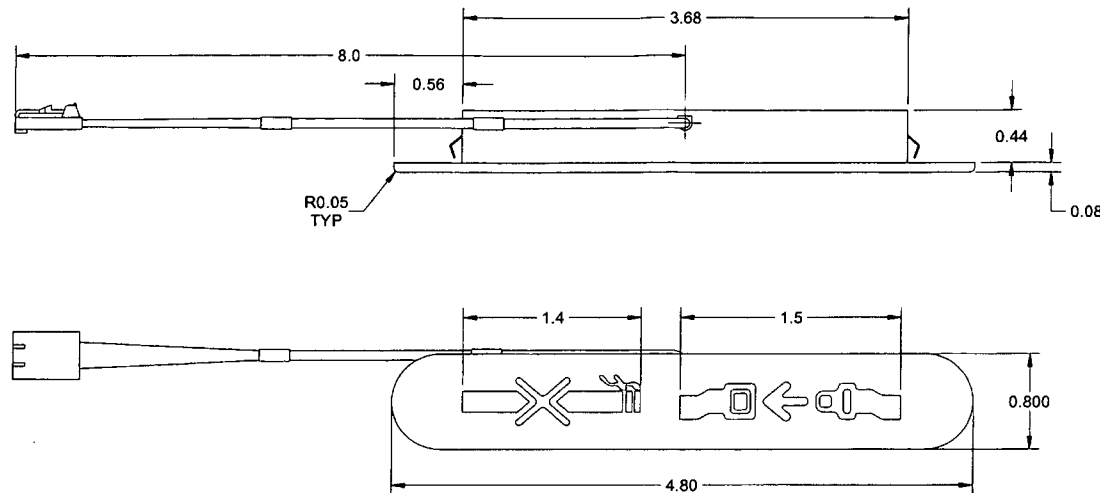
**Start Qty: 8.00**

**Required Qty: 8.00**

**Comments:** Ipp RevA 12.05.31 new issue EC verified by:JLM

| Component Item ID/<br>Item Name                       | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|-------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| IS5083-3                                              |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 8            |               |                |        |
| <b>*IS5083-3*</b><br>No Smoking & Fasten Belt Symbols |                        |               |             |                     |                  |                 |                    |                | **          | 8x 1B-01-12  |               |                |        |

# **SPECIFICATION CONTROL DRAWING**



| DART PART NUMBER | DESCRIPTION                    | VENDOR                     | VENDOR PART NUMBER | WIRE SIZE | CONNECTOR TYPE                  | COLOR      | WEIGHT (lbs) |
|------------------|--------------------------------|----------------------------|--------------------|-----------|---------------------------------|------------|--------------|
| D4645-1          | NO SMOKING & FASTEN BELT LIGHT | BIRK AEROSPACE CORPORATION | IS5083-3           | 24 GA     | 3 CIRCUIT MOLEX PLUG 51006-0300 | WHITE SAND | 0.05         |

## **D4645-X INFORMATION SIGN**

### **NOTES:**

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: PER TABLE

20151125

|            |             |                                                   |  |                                                                                                                                                                                                                                                                          |              |
|------------|-------------|---------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          |             | NEW ISSUE                                         |  | RF                                                                                                                                                                                                                                                                       | 12.07.25     |
| REV.       | DESCRIPTION |                                                   |  | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | RF          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |  |                                                                                                                                                                                                                                                                          | REV. A       |
| DRAWN      | RF          |                                                   |  |                                                                                                                                                                                                                                                                          |              |
| CHECKED    |             | DRAWING NO.                                       |  |                                                                                                                                                                                                                                                                          | SHEET 1 OF 1 |
| MFG. APPR. |             | D4645                                             |  |                                                                                                                                                                                                                                                                          | SCALE        |
| APPROVED   |             | TITLE                                             |  |                                                                                                                                                                                                                                                                          | NTS          |
| DE APPR.   |             | INFORMATION SIGN                                  |  |                                                                                                                                                                                                                                                                          |              |
| DATE       | 12.07.25    |                                                   |  | COPYRIGHT © 2012 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO30582**

Purchase Order Date 11/26/2015 9:04:40 AM

PO Print Date 11/26/2015

Page Number 1 of 2

**Order From :**

VU-BIR001

BIRK AEROSYSTEMS CORPORATION  
14321 COMMERCIAL DRIVE  
GARDEN GROVE, CALIFORNIA 92843

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**

**Contact Name**

**Vendor Phone** 714-554-9782

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Ship To Contact**

**Ship To Phone**

**Terms**

Net 30

**Ship Via:**

FedEx PI collect

**Currency**

USD

**Ship Acct:**

**FOB**

FCA - (Free Carrier)

| Line Nbr                                                                                                                                                                                                                                                                      | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID              | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1                                                                                                                                                                                                                                                                             | IS5083-3<br>AS PER DWG D4645 REV. A<br>B139359                        | No Smoking & Fasten Belt<br>Symbols | 12/28/2015<br>Yes<br>12/28/2015      |    | 8.00<br>Each                   | \$121.18      | \$969.44          |
| Line Total:                                                                                                                                                                                                                                                                   |                                                                       |                                     |                                      |    |                                |               | \$969.44          |
| 2                                                                                                                                                                                                                                                                             | 71401-45                                                              | PROCUREMENT<br>QUALITY CLAUSES      | 12/28/2015<br>No<br>12/28/2015       |    | 1.00                           | \$0.00        | \$0.00            |
| PROCUREMENT QUALITY CLAUSES<br>A005 RIGHT OF ENTRY<br>A016 PERSONNEL QUALIFICATION<br>A025 CERTIFICATE OF CONFORMANCE<br>A040 NOTIFICATION OF QUALITY OF ESCAPE<br>A041 QUALITY MANAGEMENT SYSTEM<br>A042 DART NOTIFICATION BY SUPPLIER<br>A043 RETENTION OF QUALITY DOCUMENT |                                                                       |                                     |                                      |    |                                |               |                   |

Note:

11/26/2015

**BAC****BIRK AEROSYSTEMS CORPORATION**

14321 Commerce Drive  
Garden Grove, California 92843  
Telephone: (714) 554-9782 Telefax: (714) 554-3659

DATE: 1/12/16

CUSTOMER PO: PO30582

SHIPPER NO.: DAR160112

**CERTIFICATE OF CONFORMITY / PACKING LIST**

SHIP TO: **DART AEROSPACE LTD**  
**1270 ABERDEEN**  
**HAWKESBURY ON K6A 1K7**  
**Canada**

| PO<br>ITEM | PRODUCT NO. | DESCRIPTION                                                                                                | QUANTITY |         | LOT CODE             | LOT QTY | SERIAL NO. |
|------------|-------------|------------------------------------------------------------------------------------------------------------|----------|---------|----------------------|---------|------------|
|            |             |                                                                                                            | ORDERED  | SHIPPED |                      |         |            |
| 1          | IS5083-3 ✓  | NO SMOKING & FASTEN BELTS<br>SYMBOLS (Rev. C)                                                              | 8        | 8       | 1601228<br>MFG: 1602 | 8 ✓     | -          |
|            |             |                                                                                                            |          |         |                      |         |            |
|            |             | <b>VALUE FOR CUSTOMS:</b><br><b>\$969.44 USD</b><br><b>Country of Manufacture:</b><br><b>United States</b> |          |         |                      |         |            |

*Handwritten: 8/16-01-B*

CLAIMS FOR SHORTAGES OR MATERIAL DISCREPANCY MUST BE MADE WITHIN 15 DAYS AFTER DATE SHIPPED.

**CERTIFICATE OF CONFORMANCE:** THIS IS TO CERTIFY THAT THE PARTS FURNISHED ON THIS ORDER HAVE BEEN FUNCTIONALLY TESTED IN ACCORDANCE WITH STANDARD PROCEDURES DEFINED BY BAC. MATERIAL AND/OR PARTS FURNISHED IN THIS ORDER HAVE BEEN MANUFACTURED IN ACCORDANCE WITH ALL APPLICABLE INSTRUCTIONS AND SPECIFICATIONS. PHYSICAL AND CHEMICAL DATA WHICH PERTAINS TO THIS ORDER ARE AVAILABLE FOR INSPECTION.

QTY VERF \_\_\_\_\_

**FEDEX PRIORITY COLLECT****#2.0**

  
QUALITY CONTROL INSPECTOR